

DATE:

## SUBCONTRACTOR PREQUALIFICATION

COMPANY NAME:			
STREET ADDRESS:			
CITY, STATE, ZIP:			
MAILING ADDRESS:			
CITY, STATE, ZIP:			
NAME(S) OF PRICIPAL(S):			
PHONE:	FAX:	EMAIL:	
ESTIMATOR(S) NAME(S):			
		<u>Circle Or</u>	
IN BUSINESS SINCE:	DONDING	UNION / NOI	
ANNUAL VOLUME:	BONDING		
NUMBER OF OSHA CITATIONS RE			
INSURANCE EXPERIENCE MODIFI	CATION RATE (EMR):		
FEDERAL INDENTIFICATION NO:			
CONTRACTORS LICENSE NUMBER			
NO. OF EMPLOYEES: OFFICE	FIELD		
GENERAL/ AUTO LIABILITY	INSURANCE - PLEAS	E ATTACH CERTIFICATE	OF PROOF
**NOTE THAT HARVEY INC REQUIRES	MINIMUM COVERAGE OF AUTO LIABILITY INSURAI		GENERAL AND
SCOPE OF WORK:			
DOLLAR RANGE OF CONTRACTS:			
MINIMUM:	MAXIM	UM <u>:</u>	
GEOGRAPHICAL AREAS COVERED	):		
SAN DIEGO CO ONLY	,	ARIZONA	TEXAS
			IDAHO OREGON
	INIA		OKEGON
WASHINGTON		TENNESSEE	

\_\_\_\_\_TENNESSEE



DO YOU HAVE MINORITY STATUS?

IF SO

\_\_\_\_\_MBE \_\_\_\_\_WBE DVBE

CERTIFYING AGENCY

HAS YOUR COMPANY EVER PERFORMED WORK UNDER A DIFFERENT COMPANY NAME? IF YES, PLEASE LIST THE COMPANY NAME(S):

HAS YOUR COMPANY WORKED PREVIOUSLY ON HARVEY INC PROJECTS? IF YES, PLEASE LIST EACH PROJECT NAME:

## SUBCONTRACTORS REFERENCES

PLEASE LIST A MINIMUM OF FOUR REFERENCES WITH CONTACT NAME AND ADDRESS, GENERAL CONTRACTOR NAME, PHONE AND PROJECT NAME.

CONTACT:	PHONE:	PROJECT :
ONTACT:	PHONE:	PROJECT :
ONTACT:	PHONE:	PROJECT :
ONTACT:	PHONE:	PROJECT :
PLEASE LIST A MINII	MUM OF FOUR MAJOR SUPPLIERS WIT	H CONTACT NAME AND FAX.
PLEASE LIST A MINII		
ONTACT:	PHONE:	FAX:
	PHONE: PHONE:	FAX: FAX:

BANK REFERENCE - PLEASE COMPLETE, SIGN AND RETURN THE ATTACHED VERIFICATION FORM

PLEASE SUBMIT THE COMPLETED SUBCONTRACTOR RESUME TO:

HARVEY USA, LLC

9455 RIDGEHAVEN COURT, SUITE 200, SAN DIEGO, CA 92123

O:858.769.4000 F: 858.569.6590